ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

Sexual Orientation and Gender Identity (SOGI):

MEC members were provided a brief overview and introduction to the SOGI (Sexual Orientation and Gender Identity) Data Collection Initiative that will be rolling out in all campuses starting this month. The hospital will now be asking sexual orientation and gender identity from patients as they enter the system. SOGI data collection is being driven by new local and state requirements focused on improving access and the quality of care for LGBTQ patients. Collecting SOGI data is a PRIME Metric and a significant amount of MediCal waiver funding is dependent on it. More importantly, having accurate SOGI data will allow the organization to identify patient differences and provide opportunity to serve them in the most respectful way and eliminate disparities, in line with the ZSFG True North.

Following are key points about the initiative:

- It is mandatory for staff to ask, voluntary for patients to answer
- Participating staff will get training prior to roll-out at each site
- System changes happening to support data collection
- Staff and patients will be informed of the process and why

MEC members are asked to distribute communication materials for staff and patients, provide staff time to complete training, allow physicians and hospital staff in their respective departments who are interested to identify unit SOGI Champions to support roll-out and questions as they arise.

Opioid Prescriptions at ZSFG

Dr. Lukejohn Day and SFHP representatives brought attention to the growing opioid epidemic and crisis across the country. The number of deaths from opioids in the nation have increased over 236% from 2001-2014 and at the same time, overdoses are the leading cause of unintentional injury. Overprescribing of opioids is thought to be a major contributor to this epidemic. Local data from SF Health Plan on the number of patients who experienced opioid poisoning shows a 500% increase in opioid misuse from 2014-2017 among SFHP members in SFHN. In response, Dr. Day presented a proposal developed by SFHP to address opioid misuse and addiction among SFHP patients.

The proposal specifies a limit of seven days for SFHP patients who receives an initial short-acting opiate prescription (defined as not having had an opiate prescription filled for the preceding 180 days through SFHP). The proposal has provision for exclusions – for patients who have received any anti-neoplastic medications in the prior 180 days (based on SFHP claims data), and ability to exempt certain groups of providers (e.g. Palliative care, oncology). Studies have shown that the probability of long-term opioid use increases most sharply in the first few days of therapy, especially after 5 days. Data pulled from a report on opioid prescriptions for SFHP members with initial opioid prescriptions showed variability across the primary care clinics and inpatient services in terms of >7 days, but nearly ¼ of prescriptions for opioids are for >7 days.

More discussions will follow regarding the planned next steps, to include:

- Establish and manage exclusions (services, providers)
- Develop a Process for patients who are longstanding opiates who are new to the system
- Balance of meeting goals of reducing opiate prescriptions while minimizing impact on patient and care teams
- Communication of this policy to providers and patients.
CLINICAL SERVICE REPORT:
Urology Service Report– Benjamin Breyer, MD, Service Chief
The report outlined the following:

- **Mission Statement and Core Traits** – The ZSFG Department of Urology is committed to offering the highest quality urologic care, innovative research programs, community engagement and an outstanding education for future leaders in the field. Core traits include integrity, hard work, innovative and value diversity.

- **Clinical Services** – Attending on call 24/7/365, 3M Clinic, 6M Clinic, OR. For 2017, the ZSFG Urology Service attended to 4378 adults, triage an average of 2000 eReferrals, and had 1090 new patients.

- **Education** - ZSFG’s Urology Residency training ranks 5th per US News World Report Urology Residency. 50% of UCSF Urology residents are female, and 38% are underrepresented in Medicine. ZSFG is very important to the UCSF Urology Residency Program, with 25% of Urology training at ZSFG campus.

- **Quality and Improvement Work** – Dr. Breyer pointed out the deep commitment of residents and staff to improvement work, to include weekly uroLean meetings, and regular patient bedside huddles. Improvement work important to the Service includes: first case start time, turnover time under 30 minutes, reducing Peds URO TNAA under 21 days, and BCG Treatment cycle time. The Service is also committed to Relationship Centered Communication, with all residents participating in the program for the last two years. Dr. Breyer stated that improved attending oversight and involvement have significantly increased the quality of care provided in the Urology Service.

- **Research** – UCSF Urology Department ranks #1 in NIH Funding.

- **Financials**

- **Challenges** – Service vs. Education Balance, Space, Equipment, EHR, and Pay Disparity in setting of ZSFG Campus compared to UCSF Health/Bay Area

Dr. Breyer highlighted the Urology Service’s strength in its people (mission driven, dedicated, cohesive group, attending engagement), World Class Department, Curiosity Driven Research, ZSFG Highlight Residency Rotation, and Commitment to the Community. Future Plans include: continued focus on uroLean, (Efficiency in clinic/OR, Patient/Provider Satisfaction), Revenue Capture (looking at hiring a consultant to look at billing practices), and Alignment with Hospital Priorities.

Members thanked Dr. Breyer for his excellent report. Members commended and celebrated Dr. Breyer’s outstanding leadership of the Urology Clinical Service that exemplifies a scholarly and academic department which is committed to achieving the organization’s True North metrics.